## **2006 LIMITED LIABILITY COMPANY**

## Mar 10, 2006 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # L04000066915 03-10-2006 90133 031 \*\*\*\*50.00 VISTA PROFESSIONAL CENTER, LLC Principal Place of Business 5610 PGA BOULEVARD, SUITE 114 5610 PGA BOULEVARD, SUITE 114 PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 20-1654616 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SABATELLO, CARL M Street Address (P.O. Box Number is Not Acceptable) 5610 PGA BOULEVARD, SUITE 114 PALM BEACH GARDENS FL 33418 City Zip Code FI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. MGR TITLE TITLE MGR ☐ Delete Change 71 Addition MICHAEL J SABATELLO NAME NAME SABATELLO, CARL M P STREET ADDRESS STREET ADDRESS 5610 PGA BLVD STE 114 5610 PGA BLVD, SUITE 114 CITY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 Change Addition MGR ☐ Delete MGR NAME THEODORE P SABATELLO NAME SABATELLO, PAUL T V STREET ADDRESS STREET ADDRESS 5610 PGA BLVD STE 114 5610 PGA BLVD, SUITE 114 CITY-ST-7IP CITY-ST-7IP PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS, FL 33418 ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP THILE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the feet or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

FILED

Daytime Phone #